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## COMMONWEALTH of VIRGINIA

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Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, D.C. 20554

Re: In the Matter of the Rural Health Support Mechanism WC Docket No. 02-60

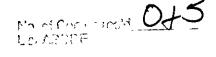
Dear Secretary Dortch:

Recognizing that the period for submitting comments in the above-referenced docket has expired, I nevertheless offer this *ex parte* correspondence as subsequently filed comments to express my support for the timely amendment of the Federal Communications Commission ("Commission" or "FCC") rules governing the implementation of the rural health care universal service support mechanism. I urge the Commission to fulfill Congress's vision by amending its rules to encourage further use of telemedicine in rural communities.

While the availability of the highest quality of health care in rural communities has historically lagged behind that of urban centers, telemedicine can bridge this gap in availability. By enacting the Telecommunications Act of 1996, Congress acknowledged, among other things, the importance of making telemedicine more economically viable for rural health care providers. Unfortunately, the current framework governing the rural health care universal service support mechanism has not encouraged the levels of participation necessary to fully realize the potential benefits of telemedicine in rural communities.

Specialized care is often difficult to find in rural communities. However, the knowledge of a health care specialist may be the key to diagnosing and treating a patient. An effective rural health care universal support mechanism can also be utilized to educate health care professionals and patients or to monitor patients in an efficient manner.

While access to information has always been crucial to providing quality health care, methods for health care providers to obtain information must evolve with advancing technologies. Because the costs associated with using new technologies can be prohibitive for



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many rural health care providers, the removal or mitigation of financial constraints on such providers can be the difference between life and death for their patients. The knowledge to help a particular patient may be just a DSL connection away.

Further integration of the health care provider network has also become a necessity from the standpoint of national security and health. As the health care community faces the threat of health epidemics and bio-terrorism in the twenty-first century, information is vital to the prompt elimination or containment of these threats. A health epidemic can start anywhere, and with only one person. A rural health care provider's lack of access to information that can be made readily available by mitigating the associated financial constraints can potentially produce devastating and, more importantly, preventable effects.

Accordingly, I endorse the recommendations made by Karen S. Rheuban, MD of the University of Virginia Health System and Representative Rick Boucher during the course of this proceeding. By illustrating some of the actual benefits of telemedicine in rural Virginia, Dr. Rheuban's June 25, 2003 testimony before the House Agriculture Committee offers a glimpse into the potential of telemedicine. In their respective filings, Dr. Rheuban and Representative Boucher have both fashioned recommendations to stimulate the use of telemedicine in rural communities. Telemedicine has already saved lives, but I believe the proposed amendments to the FCC's current rules will allow it to save more.

I commend the Commission for initiating this rulemaking and respectfully request that it accept these subsequently filed comments for consideration.

Jerry W. Kilgore

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Chairman Michael K. Powell cc: Commissioner Kathleen Q. Abernathy Commissioner Michael J. Copps

Commissioner Kevin J. Martin

Commissioner Jonathan S. Adelstein

William Maher, Chief, Wireline Competition Bureau